

Rhode Island Department of Business Regulation
Application for Medical Marijuana Cultivator License

Michael Cavanagh
Printed Name

FORM 2*

Disclosure of Owners, Investors, Managers and Controlling Parties

Part I: Ownership Structure					
List all persons and/or entities with any ownership interest, and all officers and directors or members/managers, whether they have ownership interest or not and anyone with managing or operational control of the cultivator license or licensed facility (collectively, "Key Persons"). If an entity (corporation, partnership, LLC, etc.) has interest, list all persons associated with such entity, their ownership in the entity, and their effective ownership in the license. List all parent, holding or other intermediary business interest. Attach a separate sheet if necessary.					
Name Michael Cavanagh	Title President	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Address [REDACTED]	City Saunderstown	State RI	ZIP 02874	Phone Number [REDACTED]	
Business Associated with (Parent business or sub-entity) Arctic Green Incorporated		Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	
Name Kevin Bicknell	Title Secretary	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Address [REDACTED]	City Exeter	State RI	ZIP 02822	Phone Number [REDACTED]	
Business Associated with (Parent business or sub-entity) Arctic Green Incorporated		Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	
Name Brian Williams	Title Treasurer	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Address [REDACTED]	City Coventry	State RI	ZIP 02816	Phone Number [REDACTED]	
Business Associated with (Parent business or sub-entity) Arctic Green Incorporated		Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	
Name 'N/A'	Title	SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address 'N/A'	City	State	ZIP	Phone Number ()	
Business Associated with (Parent business or sub-entity) 'N/A'		Own. % Business Associated with		Effective Own. % in Applicant	
Name 'N/A'	Title	SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address 'N/A'	City	State	ZIP	Phone Number ()	
Business Associated with (Parent business or sub-entity) 'N/A'		Own. % Business Associated with		Effective Own. % in Applicant	

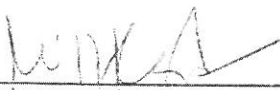
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Business Associated with (Parent business or sub-entity) 'N/A'		Own. % Business Associated with		Effective Own. % in Applicant

Part II: Who, besides the owners and other Key Persons listed in this application (including persons, firms, partnerships, corporations, limited liability companies, trusts), will loan or give money, inventory, furniture or equipment to or for use in this business, or hold a security interest therein; or who will receive money or profits from this business. Attach a separate sheet if necessary.

Name	Date of Birth	SSN/FEIN	Interest
NONE			



 Authorized Signatory

12/29/2016

 Date

Michael Cavanagh
 Printed Name